18. BURIAL, CREMATION,

1. PLACE OF DEATH County Caluat Village or City France Frederick	Registration Dist. No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs mos.  2. FULL NAME  (a) Residence: No.  (Usual place of abode)	ds. How long In U.S. if of foreign birth?yrsmosds. If U. S. Veteran, specify WAR  St.,Ward. If nonresident give eity or town and State  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  5a. If married, widowed, or divorced	21. DATE OF DEATH  24. (Month)  (bay)  (Year)
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	22. I HEREBY CERTIFY. That I attended decessed from  1
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIOEN NAME Cooling Majorita  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)	23. If death was due to externel ceuses (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?

Registrar. If more blanks are needed, address state Registrar, 2411 N. Charles Street, Baltimore, Requesting V. No. 1.

Manner of injury Nature of Injury

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC 4 1990	July 5,1927	Peritonitis	3 days ago
ALL WILL ST.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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PHYSI-	PLACE OF DEATH County Calvery	STATE OF MARYLAND CERTIFICATE OF DEATH
EXACTLY, IN Classified floate.	Village or City Olivex (No	St.: Ward)  St.: Ward)  Store Ward a hospital or institution, give its NAME instead of street and number.)
PERMALEN E Should be stated at it may be proper ns on back of certi	PERSONAL AND STATISTICAL PARTICULARS  3 SEX	MEDICAL CERTIFICATE OF DEATH  16 DATE OF DEATH 720, 1936  (Month) (Day) (Year)
IN RESERVED FOR DING INKTHIS IS A carefully supplied. AC TH in plain terms so the moortant. See instruction	7 AGE    State or country    Tage   State or country	5.4
WRITE POLY, WITH UNFA y Item of Information should be NS should state CAUSE OF DEA	10 NAME OF FATHER LINGUISM  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  15 NAME OF LINGUISM  16 STOWN  17 COUNTRY  18 PROVED  19 PROVED  19 PROVED  10 PROVED  11 STOWN  12 PROVED  12 PROVED  13 PROVED  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds.  Where was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL
B. No. 1	(Address) Occur. Ma	20 UNDERTAKER UNDERTAKER WASON ADDRESS My

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The questo report specifically the occupations of persons encases, especially in industrial employments, it is necescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (6) Grocery;

ed term for the same usease.

fever (the only definite synonym is "Epidemic cerediro
serinal meningitis"); Diphtheria (avoid use of "Croup");

serinal meningitis"); Diphtheria (avoid Pneumonia"); to time and causation), using always the same ac EASE CAUSING DEATH (the primary affection with re Statement of Cause of Death-Name, first, the pneumonia, Bronchopneumonia ("Pneumonia," speak tept-DIS-

> American Medical Association.) telanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," can be ascertained as the cause. Always qualify all "Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important ····· (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi causing death), 29 ds.; L. Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menporoved by (secondary or intercurrent) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as "" "Weakness," etc., when a definite disease Committee on Nomenclature of the Chronic valvular heart disease; Example: Measles (disease chopneumonia (secondary), affection need not be etc. The contributory Measles;

arswered in detail, it will prevent further correspondence. All the date is essential and must be obtained before the certificate is

permanently filed.

Ild state	1. PLACE OF DEATH	119 Positivation Dist. No. 05-70
s shou		Registration Dist. No.  No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.
YSICIAN statement	2. FULL NAME Clifton Bucks  (a) Residence: No. Lusky  (Usual place of abode)	If U. S. Veteran, specify WAR
PHY ret si	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TT RE	3. SEX 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Howevelles (Dey) (Year)
AN A C Ssifi	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I ettended deceased from Matatleuded, 19 , to , 19
IS A PERM stated EX / properly cla certificate.	6. DATE OF BIRTH (month, dey, and yeer)  7. AGE  Years  Months  Days  If LESS than  1 dey,hrs.	I last saw h; deeth is said to have occurred on the date steted above, etm.  The PRINCIPAL CAUSE OF DEATH and releted causes of importance
his be be of	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	acute Justional Sistentaria
INK S sh t it on	SAW MILL, BANK, etc	Other Coutributory Causes of importance:
DIP So so reti	12. BIRTHPLACE (city or town) Classification (State or country)	
sur sur in to	13. NAME Sale Sale Sale Sale Sale Sale Sale Sale	Name of operation Date of Whet test confirmed diegnosis? Was there an autopsy?
INEY, Wribe carefull EATH in plimportant.	15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  Core Roam  MA	23. If death was due to externel ceuses (VIOL ENCE) fill In elso the following:  Accident, suicide, or homicide?
E S S S S S S S S S S S S S S S S S S S	18. BURIAL, CREMATION, OR REMOVAL Plece Ove Formt Date 19	Manner of injury
. B. WRIT mation CAUSI TION i	19. UNDERTAKER (Address) Trice tredition 20. FILED. 2 1936	24. Was disease or injury in any way releted to occupation of deceased? // If so, specify
Z	Registrar.	(Address) Assaulte Malcuc

MARGIN RESERVED FOR BINDING

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
A STORMET			
Other contributory causes of importance:	11.0	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example II	
The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1 u	
	1 week ago
1921 Run over by street car 1 u	1 week ago
July 5, 1927 Peritonitis 3 d	3 days ago
8	
Other contributory causes of importance:	
May 1,1923 Gastroenteritis 1	1 year
Other contributory causes of importance:	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(20)
County Amen to	Registration Dist. No. 5/
Village or City Jarolful	NoSt.,Ward
Length of residence in city or town whara daath occurredmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foraign birth?yrsmosds.
2. FULL NAME / Signer July	Lugg If U. S. Veteran, specify WAR
(a) Residence: No. 2 and James	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
21 193	19. to 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Bays If LESS than	I last saw h alive on
2 3 /9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importanca
8. Trade, profession, or particular kind of work doma, as SPINNER,	Oate of onest
A Take, professing, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc  10. Data daceasad last worked at this occupation (month and	
work was done, as SILK MILL, SAW MILL, BANK, atc	The state of the s
- Construction (month and	of hady
year) occupation	Other Contributery Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Waller Jule Land  14. BIRTHPLACE (city or town)  (State or country)	
4. BIRTHPLACE (city or town) (State or country)	Nama of oparation Data of
(State of country)	What test confirmad diagnosis? Was there an autopsy?
15. MAIDEN NAME on a 11/4,	23. If death was due to extarnal causas (VIOL ENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT PROPERTY OF THE SUID "	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass)  18. BURIAL, GREMATION, OR REMOVAL	acerda vine
Place Joung Church Date 1/21/36 19	Mannar of injury Claudes Mannar of injury
Time Jane	Nature of Injury
19. UNDERTAKER Wilson Meason (Addrass) P. J. red. And	24. Was disaasa or injury in any way related to occupation of decaased?
20. FILEO''/ 20 , 1936 & M. July Registrar.	(Signed) Property M. O. (Addrass) Same See August Med
1	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11248
1. PLACE OF DEATH	
County Calcul	Registration Dist. No. 5 /
Village or City Lucke Fledencle	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. If of foreign birth?
(10)	-A-
2. FULL NAME Joun. Jan	If U. S. Veteran, specify WAR
(a) Residence: No. Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (Turne the word)	21. DATE OF DEATH 2 3 1936 (Month) (Day) (Yaer)
5a. If married, widowed, or divorced HUSBAND of	22. ICHEREBY CERTIFY. That i attended deceased from
(or) WIFE of	and 5 19 36 to 19
6. DATE OF BIRTH (month, day, and year) 4 - 30 -	i Jest saw he Malive on Marlen fle 19 ; death is said
7. AGE Yaars   Months Days   If LESS than	to heve occurrad on the dete statad abova, at. S. Jm.
79 ( Exact date unknown min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Treda, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Caremona & Stornach 1936
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date dacaesed last worked at this occupation (month end year)	
C.O. M.C.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
13. NAME Thomas & Land	
14. BIRTHPLACE (city or town) Calcut Co	Name of operation
(Steta or country) md	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME & muly / Lourse	23. If death wes due to externel causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town) Calrut Co. (Stata or country) md.	Accident, suicide, or homicide?
17. INFORMANT Hospital Clears	(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	
18. BURIAL, CREMATION, OR REMOVAL  Place Date 126  1936	Mannar of Injury
19. UNDERTAKER A. Hutchins + Son	24. Wes disease or injury in eny wey related to occupation of deceased?
(Address) Dwing, rel	if so, specify
20. FILED 124 , 193/6 D. M. Tung	(Signed) M. D.
/ Registrar,	(Addrass)

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Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	
Transferred	May 1,1825	· ·	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

2. FULL NAME  Length of residance in city or town where death occurred  Length of residance in city or town where death occurred  Length of residance in city or town where death occurred  Length of residance in city or town where death occurred  Length of residance in city or town where death occurred  Length of residance in city or town where death occurred  Length of residance in city or town where death occurred  Length of residance in city or town where death occurred  Length of residance in city or town and State  PERSONAL AND STATISTICAL PARTICULARS  2. SEX  4. COLOR OR BACE  OR DIPOSEE (Serrie has add)  SS. II Married, widosysty or divorced  HUBSARIO or OR DIPOSEE (Serrie has add)  SS. II Married, widosysty or divorced  HUBSARIO or OR DIPOSEE (Serrie has add)  City VIII Color  Length of residence in city or town and State  PERSONAL AND STATISTICAL PARTICULARS  2. SEX  4. COLOR OR BACE  OR DIPOSEE (Serrie has add)  SS. II Married, widosysty or divorced  HUBSARIO or OR DIPOSEE (Serrie has add)  City VIII Color  Length of residence in city or town and State  NEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  22. JATE OF DEATH  23. JATE OF BIR (Amonth, day, and year)  No. 10 Sys  11 LESS than  13 James  14 S. Irade, profession, or particular  SAVYER, BOOKEPEE, air.  25. January or business in which  work was dean, as SILK MILL,  White or outputs on the city or town)  Length of the country or town occupation  Name of operation.  Name of operation.  Name of operation.  What lest confirmed diagnosis?  What lest confirmed diagnosis?  Where an autopay?  Where did injury occur?  Specify whether injury occurral in NOUSTRY, in HOME, or in PUBLIC PLACE.  15. UNIORETAKER CA. A. James of injury  Nature	STATE OF MARYLAND—CERTIFICATE OF DEATH		
Village or City  Length of residence in city or fown where death occurred in a hospital or imminution, give its NAME instead of steet and number)  Length of residence in city or fown where death occurred in a hospital or imminution, give its NAME instead of steet and number)  2. FULL NAME  (a) Residence: No.  (b) If nonemident give city or town and State  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR BACE  S. SINGER RARRED, WIDOWED, Or SINGER STREER, STREER STRE	1. PLACE OF DEATH)		
Village or City  Length of residence in city or town where death occurred	County Glain	Registration Dist. No 7	
Langth of residance in city or town where death occurred ds. How long in U.S. If of forsign bright meta-d et steet and number)  2. FULL NAME  (a) Residence: No. (Usual place of shool)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR BACE  5. SINGLE MARRIED, WINDWED  OR DITYNEED (with the shool)  54. Harried, widows for divorced (Month)  (Gov)  193 / 19		acrob . St. Ward	
2. FULL NAME  (a) Residence: No.  (b) Residence: No.  (c) Residenc		death occurred in a hospital or institution, give its NAME instead of street and number)	
(a) Residence: No.	(	now long in U.S. if of foraign birth?yrsmosds.	
PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF DEATH  1. S. SINLE, MARRIED, WIDOWED. OR DITYSCED Curric the wind of the particular of the pa		If U. S. Veteran, specify WAR	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR BACE  5. SINGE, MARRIED, WIDOWED, OR DITYNEED, Carrier In wido  52. If marriad, widoward or divorced  HUSSANO of (or) will's coll A.  6. DATE OF BIRTU-month, day, and year)  7. AGE  Years  Months  Okys  If LESS than 1 day,	(a) hesiaches. Its. (		
3. SEX			
53. If married, widowed prof divored HUSBANO (or WIFE of Vor WIFE		1// 5/1936	
S. Lrade, profession, or particular sind of work dam as SPINNER, SAWER, BOOKEPEPER at this occupation was done as SILK MILL, SAW MILL, BANK, atc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (Stata or country)  13. NAME  14. BIRTHPLACE (city or town)  (Stata or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (Stata or country)  17. INFORMANT  (Address)  18. BURIAL, CERCHARTINN, OR REMOVAL  Place  19. Months  19. 10. Jay death is said to have occurred on the date stated above, at.  19. Thas PRINCIPAL CAUSE OF DEATH and related causes of importance wire as follows:  Oate of enset  19. Months  19. Months  19. Months  19. Months  10. Date deceased last worked at this occupation  Other Contributory Causes of importance:  What test confirmed diagnosis?  Was there an autopsy?  23. If death was dam to external causes (VIOL ENCE) fill in also the following:  16. BIRTHPLACE (city or town)  (Stata or country)  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE  (Address)  19. UNDERTAKER  19. Months  20. Months  20. Months  20. Months  20. Months  21. Months  22. Months  23. Months  24. Was disease or injury in any ray raistated to foccupation.  24. Was disease or injury in any ray raistated to foccupation.  24. Was disease or injury in any ray raistated to foccupation.  24. Was disease or injury in any ray raistated to foccupation.  24. Was disease or injury in any ray raistated power.  24. Was disease or injury in any ray	5a. If marriad, widowed or divorced		
T. AGE  Years  Months  Osys  If LESS than 1 dayhrs.  The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:  Oate of enest  Name of operation.  Sawyer, Bookkeeper, atc.  S. Horde, profession, or particular Rind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  S. Hordey, profession, or particular Rind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  S. Hordey, profession, or particular Rind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  S. Hordey, profession, or particular Rind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  S. Hordey, profession, or particular Rind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  S. Hordey, profession, or particular Rind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  S. Hordey, profession, or particular Rind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  S. Hordey, profession, or particular Rind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  S. Hordey, profession, prof	(or) WIFE of Jan 7. Gillon	22. HEREBY CERTIFY, That latterded deceases from	
T. AGE  Years  Months  Osys  If LESS than 1 dayhrs.  The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:  Oate of enest  Name of operation.  Sawyer, Bookkeeper, atc.  S. Horde, profession, or particular Rind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  S. Hordey, profession, or particular Rind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  S. Hordey, profession, or particular Rind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  S. Hordey, profession, or particular Rind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  S. Hordey, profession, or particular Rind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  S. Hordey, profession, or particular Rind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  S. Hordey, profession, or particular Rind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  S. Hordey, profession, or particular Rind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  S. Hordey, profession, prof	m. 10102	, 19 , to , 19 , 19 , 19 , 19 , 19 , 19 , 19	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOKKEPFER, atc  9. Industry or business in which work was done, as SPINNER, SAW MILL, BANK, atc  10. Date deceased last worked at this occupation (month and occupation).  11. Total time (years) spant in this occupation (month and occupation).  12. BIRTHPLACE (city or town).  (Stata or country)  13. NAME  14. BIRTHPLACE (city or town).  (Stata or country)  15. BIRTHPLACE (city or town).  (Stata or country)  16. BIRTHPLACE (city or town).  (Stata or country)  17. INFORMANT  (Address)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  19. UNDERTAKER  (Address)  (Address)  19. UNDERTAKER  (Address)	C. DALL OF BIRCH (MORALI, day, and year)	10 P1	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOKKEPER, atc.  9. Industry or business in which work was done, as SPINNER, SAW MILL, BANK, atc.  9. Industry or business in which work was done, as SPINNER, SAW MILL, BANK, atc.  10. Date deceased last worked at this occupation (month and year).  11. Total time (years) spant in this occupation (State or country)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  19. UNDERTAKER	6/ 5 7 ( 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
Skind of work does as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc.  10. Date deceased lask workad at this occupation (month and year)  (State or country)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  19. UNDERTAKER  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Ad	8 Trade profession or particular	was se follows:	
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12. BIRTHPLACE (city or town) (Stata or country)  13. NAME  14. BIRTHPLACE (city or town) (Stata or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stata or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Placa  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. Osta  10. Osta  10. Osta  10. Osta  11. Osta  12. Deterministry Causes of Importance:  Other Contributory Causes  Other Contributory Causes  Other Contributory Causes  Other Contributory Causes  Other Contributory  Ot	9. Industry or business in which	James 39ru	
12. BIRTHPLACE (city or town) (Stata or country)  14. BIRTHPLACE (city or town) (Stata or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stata or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Placa  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. Other Contributory Causes of Importance:  Other Contributory Causes of Import	SAW MILL, BANK, atc		
Other Contributory Causes of Importance:  Other Contributory Causes  Other Con	a spant in this	<b>/</b>	
(Stata or country)  13. NAME  14. BIRTHPLACE (city or town) (Stata or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (Stata or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNOERT AKER (Address)  19. UNOERT AKER (Address)  19. UNOERT AKER (Address)  16. Stata or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNOERT AKER (Address)	year) occupation	Other Contributory Causes of importance:	
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What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:  16. BIRTHPLACE (city or town) (Stata or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place (Oata 1) (Address)  19. UNOERTAKER (Address)  19. UNOERTAKER (Address)  Was there an autopsy? 22. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Oate of Injury (Specify city or town, country and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Mannar of injury Nature of Injury (Nature of Injury)  19. UNOERTAKER (Address) (Address) (Address) (Address) (Address) (If so, specify (In any way related to occupation) (Address) (If so, specify (In any way related to occupation) (Address) (In so, specify (I	II 13. NAME at a detay		
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Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Placa  Oata  19. UNOERTAKER  (Address)  Mannar of Injury  Nature of Injury  24. Was disease or injury in any way ralated to occupation a deceased?  If so, specify  If so, specify	(State or country)	What test confirmed diagnosis? Was there an autopsy?	
Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Placa  Oata  19. UNDERTAKER  (Address)  Mannar of injury  Nature of Injury  24. Was disease or injury in any ralated to occupation of deceased?  If so, specify  I	I 15. MAIOEN NAME OF GRACELY ASSUME	23. If death was dua to external causes (VIOLENCE) fill in also the following:	
Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Placa  Oata  19. UNOERTAKER  (Address)  Mannar of Injury  Nature of Injury  24. Was disease or injury in any way ralated to occupation a deceased?  If so, specify  If so, specify	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Oate of Injury19	
17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Placa  19. UNDERTAKER (Address)  19. UNDERTAKER (Address) (Address) (Address)	(Stata or country)		
18. BURIAL, CREMATION, OR REMOVAL  Placa 100 rule 11/5 ,1936  Mannar of Injury  Nature of Injury  19. UNOERTAKER 1. 9. Horking 4 for 24. Was disease or injury In any ralated to occupation of deceased?  (Address) Multiple rul.  If so, specify		Specify whether injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.	
Placa Noone 101. Oata ,1936 Nature of Injury  19. UNOERTAKER A. A. Harkness & Son 24. Was disease or injury In any ralated to occupation of deceased?  (Address) Multure net			
19. UNDERTAKER A. A. Horkman & Son 24. Was disease or injury In any way related to occupation of deceased?  (Address) Multure net.  If so, specify			
(Address) Mulus net. If so, specify	Mariare of Injury		
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	III (12)	(Signad) M. O.	
20. FILEO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	4		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

Registrar.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage NOV 6	July 5,1927	Peritonitis	3 days ago	
AUREAU V. 8				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County Colvert	Registration Dist. No. 52
	No. St., Wa  If death occurred in a hospital or institution, give its NAME instead of street and number)  os. ds. How long In U. S. If of foreign birth? yrs. mos.  If U. S. Veteran, specify WAR  St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH / 2 3 , 193 6 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from 19
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than 1 day,hrs	to have occurred on the date stated above, et
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and spent in this	
12. BIRTHPLACE (city or town) (State or country)	Other Coutributory Causes of Importance:
14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)	23. If death was due to external causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL  Place MIL Houfe Date For 24 , 1956  19. UNDERTAKER Cores Bandell	Manner of injury  Nature of injury  24. Was disease or injury in any way related to occupation of deceased?
20. FILED Not 344, 1936 WHY Hardes Ly Resistrar.	If so, specify  (Signed) M  (Address) M

V. S. No. 1

B.—WRITE PLAI

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state

Exact statement of OCCUPA. PHYSICIANS should

stated EXACTLY. properly classified.

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WITH UNFADING INK-THIS MARGIN RESERVED

AGE should be

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CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

FOR BINDING

Every item of infor-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy 1921 Run over by street car July 5, 1927 Perilonitis  Other contributory causes of importance:

# STATE OF MARYLAND-CERTIFICATE OF DEATH

(A)	infor stat UPA	1. PLACE OF DEATH		
W	ould occu	County County	Registration Dist. No. 7 /	
200	= =	Village or City Ce Sar Hell	NoSt.	War
	.= .0		death occurred in a hospital or institution, give its NAME instead of street and number	
	INS ent	1	os. How long in U.S. If of foreign birth?yrsmos	d
II	D. Every SICIAN tatement	2. FULL NAME YOU GO VINE	Last U. S. Veteran, specify WAR	• • • • • • • •
1	xD. Every YSICIANS statement	(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State	
I	PHY:	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
_	X X		21. DATE OF DEATH 21.	,
	T > E	OR DIVORCED (write the ward)	101 - 3 193	6
5	T L ed.	5a. If married, widowed, or divorced	(Month) (Day)	Year)
BINDIN	A C T Ssifted	HILCOAND of	22.   HEREBY CERTIFY. That t attended deces	sed fro
Z	ERM EX. cla te.	2000 1884	last saw below alive on 19 H 19 H deal	19./4
M	IS A PE stated E properly certificate	7. AGE Years Month Days If LESS than	to have occurred on the data stated above, at	(n is sai
)R	IS A stated proper	1 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance	
F	IS sta pro pro	S. Trade profession or particular	ware so follows:	e of onse
Q	IIS be be of	8. Trade, profassion, or perticular kind of work dona, as SPINNER, SAWYER, BDDKKEPER, etc.	an Tence selese.	1~
SERVE	print	9. Industry or business in which	Of the state of th	1
J.R.	K—T nould may back	SAW MILL, BANK, etc.	Cheomic repliates 1	u
SE	INI S sl t it	SAW MILL, BANK, etc	Justicus 1.	
RE	IG I	year)occupation	Dthar Contributory Causes of importance:	,
Z	NFADING plied. AGI rms, so tha	12. BIRTHPLACE (city or town) 4		
GI	ed.	(State or country)	Mema !	17
ARGIN	UNE suppli n term ee ins	13. NAME JOS PURC Cump Muyo	<u></u>	
M	H U sul	14. BIRTHPUSCE (city or town)	Nama of oparation Data of	
	- P 60	(State of country)	What test confirmed diagnosis? Was there an autops	y?
	carefull H in ploortant.	15. MAIDEN NAME Sarah Name,	23. If daath was dua to extarnal causas (VIDLENCE) fill in also the following:	
	INLY, W be carefu EATH in important	[ 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury	19
	AINLY, id be car DEATH y import	(State or country)	Whare did injury occur? (Specify city or town, county and State)	
		17. INFORMANT TO See Austonis	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
	S PLA should OF D	(Address)		
	E S S	Place asoury Date 15 1936	Mannar of injury	
	WRIT	1 de la constante de la consta	Natura of injury	
el	N CO	19. UNDERTAKER Q. Q. Afrikan & Son	24. Was disease or injury in any way related to occupation of deceasad?	
No	B	(Address), Multill, Med.	If so, spacify	
S.	ż	20. FILED 1/ 15/3 6, 19 Q. N. Tury	(Signed)	F M.
		Registrar.	(Addrass)	-2
		a, more viune, are necueu, address state Registrat, 2	1411 11. Chantes Street, Danmore, Requesting 'U. S. No. 1.	

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To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY P	PHYSICIAN
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FOR BINDING

MARGIN RESERVED

V. S. No. 1

1. PLACE OF DEATH County	ent,	Registration Dist. No. 21
Village or City	mms.	No. St. War
		death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town whera	daath occurradyrsmos	ds. How,long in U.S. if of foreign birth?yrsmosds
2. FULL NAME OWN M.	mud to b	Modulf U. S. Veteran, specify WAR
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
a. If marriad, widowad, or divorcad HUSBANO of		
(or) WIFE of		22. HEREBY CERTIFY, That i attended deceased from
i. DATE OF BIRTH (month, day, and year)	191936	l iast saw h alive on, 19; death is sai
. AGE Years Months	Oays If LESS than	to have occurred on the date stated above, at
	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and raiated causes of importance were as follows:  Oate of one
8. Trada, profession, or particular kind of work done, as SPINNER,		
SAWYER, BOOKKEEPER, atc		as a some august in
work was done, as SILK MILL, SAW MILL, BANK, etc		
10. Oate deceased last worked at this occupation (month and	11. Total tima (years) spent in this	
year)	occupation	Other Cantributery Causes of Importance:
2. BIRTHPLACE (city or town)	Janus.	
(Stata or country)	(1) Jerting and	-
13. NAME CONCRE	2017	
13. NAME  14. BIRTHPLACE (city or town)  (Stata or country)	The state of the s	Name of operation Oate of What test confirmed diagnosis? Was there an autopsy?
1	ella Heit.	23. if daath was due to axternal causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	=n.	Accident, suicide, or homicide?Oate of injury,19
(State or country)		Where did injury occur?
7. INFORMANT UNDERLISE (Addrass)	Dawens.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	1/40/ 01	Manner of injury
Piace Comme	Oata //2 8 ,19 3 (	Nature of injury
9. UNOERTAKER Such	, White	24. Was disease or injury in any way related to occupation of dacased?
(Addrass) (Addrass)	a bo	if so, specify
20. FILEO 1/28 , 1936 E	X.M.lling	(Signad) August Malwh 1

11070

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Example I		
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1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	4-1-1
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL	SPACE 1	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
ADDITIONAL	SPACE	FUK	FURTHER	STATEMENTS	BI	PHISICIAN

11254

1. PLACE OF DEATH	Good C
County ,	Registration Dist. No.
Village or City / anana	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foralgn birth?yrsds,
King Lilli	
2. FULL NAME SENTING MILLY	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY. That i attended decassed from
6. DATE OF BIRTH (month, day, and year) 3, 1930	I last saw h alive on
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, atm.
0 5 8 1 dey,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER.	Date of other
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Dete decassed lest worked at this occupation (month end	MMPMIN
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Dete decaased lest worked at 11. Total time (years)	History resealed nothing Na Gusther in
this occupation (month end spant in this occupation occupation	formations Conselle
12. BIRTHPLACE (city or town) Lanan,	Other Contributory Causes of Importance:
(Stata or country)	The state of the s
I 13. NAME Linjous Jones.	one states I was
13. NAME JONES.  14. BIRTHPLACE (city or town)	Name of operation defeated in the stand next
(State or country)	What test confirmed diagnosis? Ach Sulways there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or appetu)	23. If death wes due to axternal causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accidant, suicide, or homicida?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Lemons forms, (Address) an ans,	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place DF Commello Date 1/ 11 ,1936	Nature of injury
19. UNDERTAKER YU' Mason	24. Was disease or injury in any way related to occupation of daceased?
(Address) PT wed	If so, specify
20, FILED 1// 11 19 3 6 Q . N. Keer	(Signad) (M.D.
Registraf.)	(Address) / me Tudence, My

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II		
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Chronic interstitial nephritis pro 4 1930	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
W X10.0	-7]			
Other contributory causes of importance:		Other contributory causes of importance:	1-11	
Gallstones	May 1,1923	Gastroenteritis	1 year	

• • • • • • • • • • • • • • • • • • • •

1.	PLACE OF	DEAT	н ,			CERTIFICATE OF DEATH	11255		
	County	alne	rt.			Registration Dist. No.5	51		
	Village or Ci	ty He	intere	town		No	_St.,Wa		
	Length of resid	lance in city	or town where	leath prourred		death occurred in a hospital or institution, give its NAME instead ofds. How long In U.S. if of foreign birth?yrs			
2	FULL NAI	1	in has	Shi	6.00	market like her frage well to be excluded in the se			
۷.		7	Junt.	tin		If U. S. Veteran, specify WAR			
	(a) Resident	e: No	v- nur	(Usual place	e of abode)	. If nonresident give city or	town and State		
	PERSON	AL AND	STATIST	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DE	EATH		
	m.		OR RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH / / 8/ 3/ (Month) (Day)	, 193 (Yaar)		
ba. I	f married, widows HUSBANO of (or) WIFE of	id, or divor	ed	- (		22. I HEREBY CERTIFY, That I			
6. D	ATE OF BIRTH (	month, day,	and year) //	18/34		I last saw h aliva on			
7. A	GE Year	's	Months	Days	If LESS than 1 day,hrs. ormin.	to have occurrad on tha date stated above, atm.  Tha PRINCIPAL CAUSE OF DEATH and related causes of Import were as follows:	,		
z	8. Trade, profes	sion, or par	ticular		1 01-32		Date of one		
2	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc					771.00			
NPA						pur por			
OCCUPATION	10. Date decease this occup		ed at	SD	time (years) ent in this cupation		************		
12 1	BIRTHPLACE (cit	u ac tawa)				Other Coutributory Causes of importance:			
14. 1	(State or coun		nes	<i>l</i> .					
- E	13. NAME	iral	e ma	chael					
FAIHER	14. BIRTHPLACE	(city or tow	n) Lun	tenstow	V-,	Name of operation	Date of		
_	(State or	country)	0	Au	1.	What test confirmad diagnosis? Was	thara an autopsy?		
- 보	15. MAIOEN NA	ME /	Jokes	innes	chall	23. If death was due to axtarnal causas (VIOLENCE) fill in also the	e following:		
MOTHER	16. BIRTHPLACE		of their	ingtown	2/	Accident, suicide, or homicida? Date of Inju	ry, 19		
	(State or country) / Wed.  7. INFORMANT Carrace mackage.  (Address) An Lengton, M.d.  B. BURIAL, CREMANION OR REMOVAL 11  Place Talinfent Churchata 7, 36,19					Whare did injury occur? (Specify city or town, county and State) Specify whathar injury occurrad in INOUSTRY, In HOME, or In PUBLIC PLACE.			
18. [						Mannar of injury			
	(1acc3/	11		JotaJ.	, 13	Natura of Injury			
19. (	(Address)	Hu	ntingt	My )	ud.	24. Was disease or injury In any way related to occupation of dac	eased?		
20 1	ILEO [///	136 1	1/2	YOUTE	m,	(Signad)	M		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	The second secon	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

Registrar.

Date of onset

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Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis   DES 7 1930	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage W. S.	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE F	OR FU	JRTHER	STATEMENTS	BY	PHYSICIAN
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FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11257
1. PLACE OF DEATH	46-00
county Calvert	Registration Dist. No. 57/
Village or City Walluelle (IF	NDSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residance in city or town where death occurredyrsmos	ds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME Moulas Taulings	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OR DIVORCED (reprire the word)	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If marriad, widowad, or divorcad HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, That I attended dacaasad from
6. DATE OF BIRTH (month, day, and year) why 10, 1879	I last saw h Affel aliver on MALD 11
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at
57 4 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Fansure	Carcinous of Stomach 7 193
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last workad at this occuration (month and	
10. Date deceased last worked at this occupation (month and July 93 spent in this occupation wear)	
12. BIRTHPLACE (city or town) Palley (Stata or country)	Other Contributory Causes of importance:
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Date of
15. MAIDEN NAME May page & Daise	23, If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Calsust far	Accident, suicida, or homicide?
17. INFORMANT (Address) Prince Frederick	Where did Injury occur?
18. BURIAL, CREMATION, OR REMOVAL Place Drooks Chapel Date 11/14/36, 19	Manner of injury
19. UNDERTAKER Wilson Wason (Addrass) Who Drad., My,	24. Was disease or injury In any way related to occupation of daceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II			
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
SUNTAU V. S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenterilis	1 year		
	.1				

V. S. No. 1

state

item of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11258				
1. PLACE OF DEATH	4630				
County Calvert	Registration Dist. No. 52				
Village or City Changuille	No. St., Ward				
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.				
2. FULL NAME Onesh S.W Lott	If U. S. Veteran, specify WAR				
	St. Ward.				
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State				
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Market the word)	21. DATE OF DEATH // 23 193 6				
5e. If married, widowed, or difforced	(Month) (Dey) (Yeer)				
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended decessed from				
E DATE OF DIRTH (month day and year) Los \$17 1866	1 last sew h Lin alive on Mar 22 , 1936; deeth is said				
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Yeers Months Days If LESS than	to heve occurred on the dete steted ebove, et. 7.12.12 m.				
70 2 lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance				
- 8. Trade, profession, or particular	were es follows:				
kind of work done, es SPINNER, farmers	stoned 8/1/26				
9 Industry or husiness in which	1.0				
work wes done, es SILK MILL, SAW MILL, BANK, etc.					
O 10. Dete decessed lest worked et this occupation (month and yeer) spent occupation					
ma f	Other Contributory Causes of Importance:				
12. BIRTHPLACE (city or town) (State or country)					
13. NAME Serves W 14. BIRTHPLACE (city or town)	Name of operation Date of Date				
(State or country)	Whet test confirmed diagnosis? Was there an aulopsy?				
15. MAIDEN NAME rigo lleagues	23. If deeth was due to externel ceuses (VIOL ENCE) fill in also the following:				
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Dete of injury				
∑ (State or country)	Where did injury occur?				
17. INFORMANT Sing from (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.				
18. BURIAL, CREMATION, OR REMOVAL .	Manner of injury				
Place Halls Crask Dete Nov. 25, 1936	Neture of injury				
19. UNDERTAKER Wilson Marson (Address) In Fedrick	24. Wes disease or injury in any wey releted to occupation of deceased?				
	If so, specify (Signed)  (Signed)  M. D.				
20. FILED Nov. 25, 1936 WIt Hardes Ly Registrar.	(Address) Desing Jud				
If more blanks are needed, address State Registrar	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1				

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
11 V G					
Other contributory causes of importance:	-	Other contributory causes of importance:	5,000		
Gallstones	May 1,1923	Gastroenteritis	1 year		

STATE OF MARYLAND-CERTIFICATE OF DEATH

Ward

œ,

19 UNDERTAKER / (Address)

BINDING

FOR

MARGIN RESERVED

Registrar.

If so, specify

(Signed)

(Address) \_

24. Was disease or injury in any way-related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example II			
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis 4 1936	1921	Run over by street car	1 wcek ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
MARAU V. S.					
V.F. of page 1991	1				
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

STATE O	MARYLAND-	-CERTIFICATE	OF	DEATH	- 1	120	61
					1.6%	A V	

1. PLACE OF DEATH	1		41400
County	lunt.	Registration Dist. No. s	51
Village or City	vrans	No	St., Ward
Length of residance In city of town who		If death occurred in a hospital or institution, give its NAME instead of st	
Van	9 0 1/206	, )/	
2. FULL NAME POLAT	1) aco	, If U. S. Veteran, specify WAR	
(a) Residence: No	(Usual place of abode)	St., Ward.	town and State
PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DE	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	,
TIN,	OR DIVORCED (write the word)	Mot, 5	, 193
5a. If marriad, widowed, or divorced		(Month) (Day)	(Year)
HUSBAND of (or) WIFE of	n 9 Talbai	22. I HEREBY CERTIEY, That I	attended deceased from
	11. 711.1817	19 6, to 190	19.19.76
6. DATE OF BIRTH (month, day, and yeer)	Dept 7, 1856	I last saw h allva on,	, 19; danth is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, atm.	
80 2	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importa were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER.	Danna-Tai	· A	1
SAWYER, BOOKKEEPER, atc	Morrowa	Caremonia Di	must 6 In
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	at home		
U 10. Date deceased last worked et	11. Total time (yaars)		
this occupation (month and year)	spent in this		
	m l	Other Contributory Causes of importanca:	
12. BIRTHPLACE (city or town)(State or country)		the state of the state	of the sale
	ata bundari.	- manua com	alla I mu
Ŧ /	2011		
14. BIRTHPLACE (city or town)		Name of operation	
	ahiel Na Letinia	What test confirmed diegnosis? Was 1	
Ŧ /	The state of the s	23. If death was due to external causes (VIOLENCE) fill in also the  Accident, suicida, or homicide? Date of injur	-
O 16. BIRTHPLACE (city or town)  (State or country)	m	Where did Injury occur?	y
Nam	Tallent	(Specify city or town, county Spacify whether injury occurred in INDUSTRY, in HOME, or in PU	y and State)
17. INFORMANT (Addrass)	1 mary	Spacity whether injury occurred in INDUSTRY, In NOME, OT IN PO	IBLIG PEAGE.
18. BURIAL, CREMATION, OR REMOVAL	111	Manner of injury	
Placa Crusmuel	Date 17/36,19	Nature of Injury	
11. 1.1-11.3	cl.		
19. UNDERTAKER (Addrass).	ed.	24. Was disaase or injury in any way related to occupation of dece	e290 (
111, 60	NIT.	(Signed) D. D. Moer	7- 0MD
20. FILED 4/36, 19	Registrar.	(Addrass) Ward TM	du to no
	Aegistrar.	" (Mulass) for factor the advertise of which	more up - My

If more blanks are helded, address State Registrar, 24x I N. Charles Street, Baltimore, Requesting U. S. No. I.

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Example, I - The state of the s	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis : D-0 A 1006	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

1PLACE	OF	DEATH
County	Co	lver

# STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 50

Village or City of place (No	St.: Ward) (If death occurred In a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Femole Chored Single, Married, Widowed, OR DIVORCED (Write the word)	16 DATE OF DEATH november 5, 1936  (Month) (Day) (Year)
Morch 29, 1936 (Month) (Day) (Year)	that I last saw h Cralive on October - 29 19236,
7 AGE    If LESS than   I day hrs.   or min.	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE	(Duration) yrs. mos. ds.  Contributory Secondary  (Duration) yrs. mos. ds.  (Signed) Coster M. D.
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents or Recent Residents)  At place
(State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of deathyrsds. Stateyrsds.  Where was disease contracted, if not at place of death?
(Informant)  (Address) opped mg  (Filed 1926 Netforte)  Registrar	19 PLACE OF BURIAL OR REMOVAL  Seesly, md.   DATE OF BURIAL  11 6, 19.36  20 UNDERTAKER  ADDRESS  Ruce Gedend

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer we or given up on account of the DISEASE CAUSING DEATH 1 gaged in domestic service for wages, as Servant, Cobk, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery: (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. to report specifically the occupations of persons senployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of worked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), is a simulation of the same disease. Examples: Cerebrospinulation of the only definite synonym is "Epidemic cerebrospinulation"); is inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage,") "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," stated unless important Example: Measles (disease American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., whon a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, men-.. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as cough; Chronic chopneumonia (secondary), etc. The contributory affection need not be valvular heart Nomenclature Measles; disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

5

V. S. No. 1

STATE OF	MARYLAND-CERT	TIFICATE (	OF DEATH
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-9	2	63	0	1)	
1	1	4	U	4	

1. PLACE OF DEATH	119
County Calker	Registration Dist. No. 5
Village or City fruite trederick	NoSt.,Ward
	(If death occurred in a horpital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmosds.
1 1 11/2 21/	
2. FULL NAME (Many Mane Wig	9 U.S. Veteran, specify WAR
(a) Residence: No. (July and Claud place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLDR DR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Female Chaled OR DIVORCED (write the word)	Maneraller 4 , 193 (Year)
ia. If married, widowed, or divorced HUSBANO of	22.   HEREBY CERTIFY, That I attended decaased from
(or) WIFE of	May / 1936 to 19
DATE OF BIRTH (month, day, and year) Way 24 1936	I last saw h. W. alive on MAD 4 19.56; death is sai
AGE Years Months Oays If LESS than	to have occurred on the data stated above, at 11.32.m.
5 // 1 day,hr	THE PARTY OF THE P
9 Trade profession or particular	Were as tollows: Wester Nutrelional Disturbance 10/24
skind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  1D. Date deceased last workad at this occupation (month and spant in this	Dianhour 7
9. Industry or business in which	Terminal Brownell maurious
work was done, as SILK MILL, SAW MILL, BANK, etc.	
- this occupation (month and	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Sunte suallien	
(State or country)	
13. NAME James Efferson  14. BIRTHPLACE (CHY or town) Supplies Land	
14. BIRTHPLACE (City or town) All Meland	Name of operation
(Stata of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Clara M. Muggins	23. If death was due to external causas (VIDLENCE) fill in also the following:
15. MAIDEN NAME Clara M. Wiggins  16. BIRTHPLACE (city or town) English  (State or country)	Accident, sulcide, or homicide?
(Stata or country) Prouse Carolina	Whera did Injury occur? (Specify city or town, county and State)
17. INFORMANT Sam Miggues	Specify whether injury occurred in INOUSTRY, in HDME, or in PUBLIC PLACE.
(Address) (Masay Defision Segech	Manage of Internal
Place Il. Endranda Oate /5/36, 19	Mannar of Injury
	Nature of Injury
19, UNDERTAKER Town ( ) 1991	24. Was disease or Injury In any way related to occupation of deceased?
(Address) Ches. Depole, Med.	If so, specify
20. FILEO 15/36, 19 J. M. July	(Signed) The first M. M.
Registrar.	ar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.—Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I V E D		Example II	
The principal cause of death and related causes of importance were as follows: 4 1936	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year